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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 14 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000009224

1. Corporation Name

DGP Security Co.

2. Principal Office Address

170 N. Arlington Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Jacksonville, FL.

City & State

Zip

32211

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/27/2000

5. FEI Number

59-3624605

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Maureen Page

Street Address (P.O. Box Number is Not Acceptable)

170 N. Arlington Rd.

Suite, Apt. #, Etc.

500037387675

05/27/04 01007 003 \*\*150.00

City

Jacksonville, FL.

State

FL

Zip Code

32211

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Maureen Page

Date 5-12-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	David Page	12761 Shinnecock Ct.	Jacksonville, FL. 32211
V	Maureen Page	12761 Shinnecock Ct.	Jacksonville, FL. 32211

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Maureen Page

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2004 904-727-7680

Date

Daytime Phone #

CR2E081 (01/04)

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April 27, 2004

Florida Dept. of State  
Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

SUBJECT: REINSTATEMENT OF DGP SECURITY CO.

I would like to request a waiver of the reinstatement fee. We moved our office in 2003 and never received the form for our annual report.

Thank you,

*Maureen Page*

Maureen Page  
Vice President